FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB	APPROVAL
AB Number:	3235-

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Expires: April 30, 2008

Estimated average burden Hours per response: 16.00

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Prefix		Serial
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Filing Under (Check box(es) that apply):	Name of Offering (  check if this is an amendment and name has changed, and indicate characteristic control of the characteris	ange.)
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (   check if this is an amendment and name has changed, and indicate change.)  Ospraie Real Return Enhanced L.P.  Address of Executive Offices (Number and Street, City, State, Zip Code)  M&C Corporate Services Limited, P.O. Box 309 GT, Ugland House, South Church  Street, George Town, Grand Cayman, Cayman Islands, British West Indies  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  To operate as a private investment partnership.  Type of Business Organization    corporation	Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section Section Section Rule 505 Rule 506 Section Rule 505 Rule 506 R	ction 4(6) ULOE
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Ospraie Real Return Enhanced L.P.  Address of Executive Offices (Number and Street, City, State, Zip Code)  M&C Corporate Services Limited, P.O. Box 309 GT, Ugland House, South Church  Street, George Town, Grand Cayman, Cayman Islands, British West Indies  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  To operate as a private investment partnership.  Type of Business Organization  corporation  limited partnership, already formed  business trust  Month  Year	Type of Filing: New Filing	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Ospraie Real Return Enhanced L.P.  Address of Executive Offices (Number and Street, City, State, Zip Code)  M&C Corporate Services Limited, P.O. Box 309 GT, Ugland House, South Church  Street, George Town, Grand Cayman, Cayman Islands, British West Indies  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  To operate as a private investment partnership.  Type of Business Organization  Corporation  Imited partnership, already formed  Imited partnership, to be formed  Month  Month  Year	A. BASIC IDENTIFICATION DATA	A
Ospraie Real Return Enhanced L.P.  Address of Executive Offices (Number and Street, City, State, Zip Code)  M&C Corporate Services Limited, P.O. Box 309 GT, Ugland House, South Church  Street, George Town, Grand Cayman, Cayman Islands, British West Indies  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  To operate as a private investment partnership.  PROCESSED  Type of Business Organization  Corporation  Imited partnership, already formed  business trust  Month  Year	1. Enter the information requested about the issuer	
M&C Corporate Services Limited, P.O. Box 309 GT, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands, British West Indies  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business  To operate as a private investment partnership.  PROCESSED  Type of Business Organization  Corporation  I limited partnership, already formed business trust  Month  Year		u/U8U240
Brief Description of Business   To operate as a private investment partnership.   PROCESSED	M&C Corporate Services Limited, P.O. Box 309 GT, Ugland House, South Church	· _ · _ · _ · _ · _ · _ · _ · _ · _
Type of Business Organization    corporation		Telephone Number (Including Area Code)
corporation   limited partnership, already formed   other (please specify): Caynan CMS CAMPUTED   limited partnership, to be formed   limited partnership.  Month Year	Brief Description of Business To operate as a private investment partnership.	PROCESSED
business trust limited partnership, to be formed limited partnership.  Month Year	Type of Business Organization	OCT 17 2007
		other (please specify): Cayn THOMSOM ppted limit IMM SIAL
Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  FN		

### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

					A. BASIC IDEN	TIFICATION DATA		
2.	Ent	: er the information	n requ	uested for the	following:			
	o	Each promoter	of the	issuer, if the	issuer has been organized	l within the past five ye	ears;	
	0	Each beneficia of the issuer;	lowne	er having the	power to vote or dispose,	or direct the vote or dis	sposition of, 10% or mo	re of a class of equity securities
	o	Each executive	office	er and directo	or of corporate issuers and	of corporate general ar	nd managing partners of	partnership issuers; and
	o	Each general a	nd ma	naging partn	er of partnership issuers.			
Check I	Box(e:	s) that Apply:		Promoter	Beneficial Owner	Executive Of	ficer Directo	r 🔯 General and/or Managing Partner
		ast name first, if man) GP Ltd.	indiv	idual)				
Busines	s or F	Residence Addre			and Street, City, State, Zi	ip Code)		
		s) that Apply:	INCW	Promoter	Beneficial Owner	Executive Of	ficer Directo	Director of General Partner
Full Na Lozé, E		ast name first, if	indiv	idual)				
Busines M&C ( Indies	ss or F Corpo	Residence Addre rate Services Lin	ss nited, i	(Number P.O. Box 309	r and Street, City, State, Zi GT, Ugland House, Sout	ip Code) h Church Street, Georg	ge Town, Grand Cayman	, Cayman Islands, British West
	Box(e	s) that Apply:		Promoter	Beneficial Owner	Executive Of	ficer Directo	Director of General Partner
Full Na Pilgrim		ast name first, if	indiv	ridual)				
Busine:	ss or F	Residence Addre rate Services Lin	ss nited,	(Numbe P.O. Box 309	r and Street, City, State, Z OGT, Ugland House, Sout	ip Code) h Church Street, Georg	ge Town, Grand Cayman	, Cayman Islands, British West
Indies Check	Box(e	es) that Apply:		Promoter	Beneficial Owner	Executive Of	ficer Directo	Director of General Partner
Full Na Paul, A		Last name first, i	findiv	ridual)				
Busine M&C ( Indies	ss or I Corpo	Residence Addre rate Services Lir	ss nited,	(Numbe P.O. Box 309	r and Street, City, State, Z 9 GT, Ugland House, Sout	ip Code) th Church Street, Georg	ge Town, Grand Caymar	, Cayman Islands, British West
Check	Box(e	es) that Apply:		Promoter	☐ Beneficial Owner	Executive Of	ficer Directo	or General and/or Managing Partner
Full Na	ame (I	Last name first, i	f indiv	/idual)	··········			<del></del>
Busine	ss or l	Residence Addre	ss	(Numbe	r and Street, City, State, Z	ip Code)		
Check	Box(e	es) that Apply:		Promoter	☐ Beneficial Owner	Executive Of	fficer Directo	or General and/or Managing Partner
Full N	ame (l	Last name first, i	f indiv	vidual)				<del> </del>
Busine	ss or	Residence Addre	ess	(Numbe	er and Street, City, State, Z	(ip Code)		
Check	Box(e	es) that Apply:		Promoter	☐ Beneficial Owner	Executive O	fficer Directo	or General and/or Managing Partner
Full N	ame (	Last name first, i	f indiv	vidual)				
Busine	ss or	Residence Addre	ess	(Numbe	er and Street, City, State, 2	Cip Code)		

					B. I	NFORMA'	TION ABO	OUT OFFEI	RING			-	
	Aı Vhat is	nswer also the minim	in Append	ix, Columr ent that wi	tend to sell a 2, if filing all be accep	to non-acc under ULC	credited inv OE. sy individu	estors in th	is offering			No ⊠ 000,000*	
4. E re a p	Does the Enter the emuner gent of	e offering pe informati ation for sea broker of to be listed	permit joint ion request olicitation or or dealer reg	ownership ed for each of purchase gistered wit	o of a single person whers in conne th the SEC	o has been ection with and/or with	or will be particularly sales of section a state or	paid or give	en, directly he offering. he name of	or indirectl If a perso the broker	y, any com n to be liste or dealer.	mission or ed is an ass If more tha	ociated person o in five (5)
Full Name	e (Last	name first	, i <b>f indiv</b> idu	ıal)									
Business	or Resi	dence Add	lress (Numl	er and Stre	eet, City, S	tate, Zip Co	ode)						
Name of	Associa	ited Broke	r or Dealer										
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Full Nam	e (Last	name first	, if individ	ıal)									
Business	or Resi	dence Ado	iress (Num	ber and Str	eet, City, S	tate, Zip C	ode)				<del>.</del>		
Name of	Associa	ated Broke	r or Dealer						<u>-</u>				
			ted Has Sol or check in			olicit Purch	asers		<del></del>		- <b>,</b>	☐ AI	l States
[] ?]	AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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Name of	Associa	ated Broke	r or Dealer										
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) []	AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	<u>.</u> <del>.</del>
	Enter the aggregate offering price of securities included in this offering and the total amount already so "none" or "zero". If the transaction is an exchange offering, check this box [ ] and indicate in the col the securities offered for exchange and already exchanged.	old. Enter "0" if answ umns below the amou	er is unts of
	The set Constitution	Aggregate Offering Price	Amount Already Sold
	Type of Security  Debt	*****	\$0
			-
	Equity	20	\$0
	[ ] Common [ ] Preferred		
	Convertible Securities (including warrants)		\$0
	Partnership Interests	\$300,000,000	\$115,000,000
	Other (Specify )	\$0	\$0
	Total	\$300,000,000	\$115,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offer amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have paggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	11	\$115,000,000
	Non-accredited Investors		\$
	Total (for filing under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this off type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		<u> </u>
	Regulation A		s

 Transfer Agent's Fees
 [ ] \$0

 Printing and Engraving Costs
 [ X ] \$\*

 Legal Fees
 [ X ] \$\*

 Accounting Fees
 [ X ] \$\*

 Engineering Fees
 [ ] \$0

 Sales Commissions (specify finders' fees separately)
 [ ] \$0

 Other Expenses (identify)
 [ X ] \$\*

 Total
 [ X ] \$150,000\*

Rule 504

<sup>\*</sup>All offering and organizational expenses are estimated not to exceed \$150,000.

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total

i.	Indicate below the amount of the adjusted gross proceeds to the issuer purposes shown. If the amount for any purpose is not known, furnish a estimate. The total of the payments listed must equal the adjusted gros C - Question 4.b above.	an estin	nate a	ind cl	neck the box to th	ie left	of the	
					Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees		[	]	\$	. [	]	\$
	Purchase of real estate		[	]	\$	[	]	<u>\$</u>
	Purchase, rental or leasing and installation of machinery and equipment	ıt	[	]	\$	. [	]	<u>\$</u>
	Construction or leasing of plant buildings and facilities		ĺ	]	\$	. [	]	<u>\$</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		[	]	\$	. [	]	\$
	Repayment of indebtedness	*******	[	]	\$	. [	]	\$
	Working capital	•••••	[	]	\$	. [	]	\$
	Other (specify): Investment in Ospraie Real Return Enhanced Portfoli L.P.	<u>io</u> ——	[	]	\$	. [	X ]	\$299,850,000
	Column Totals		]	]	\$	. [	X ]	\$299,850,000
	Total Payments Listed (column totals added)				[ X ]	\$299,	850,0	000
	D. FEDERA	AL SIG	NAT	URE				, "
igr	issuer has duly caused this notice to be signed by the undersigned duly ature constitutes an undertaking by the issuer to furnish to the U.S. Security is supported by the issuer to any non-accredited investor pursuant	ufi <b>ties</b>	and E	xcha	nge Commission	s filed , upon	unde writt	er Rule 505, the following request of its staff, the
รรเ	er (Print or Type)	ayun <b>X</b>	7				1	Pがっ
)sj	oraie Real Return Enhanced L.P.	<u>                                     </u>	<u>/</u>				113	<u> </u>
Var	ne of Signer (Print or Type)	of Sign	ner (P	rint o	or Type)			
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## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	E. STATE SIGNATURE
1.	Yes No Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response. Not applicable
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the lersigned duly authorized person.
Iss	uer (Print or Type)  Date
Os	praie Real Return Enhanced L.P.
Na	me (Print or Type)
Ric	chard Puma

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

OSPRAIE REAL RETURN ENHANCE	CED	I.P.
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1	2		3	ide. iis ide i	4	CDD EII			5	
	Intend to sell to non-accredited and aggregate offering price State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2)							Not App Disquali under Stat (if yes, explana		
			Limited Partnership Interests	Number of Accredited		Number of Non- Accredited				
State	Yes	No	\$300,000,000	Investors	Amount	Investors	Amount	Yes_	No	
AK										
AL						-				
AR						····		-		
AZ										
CA		X	X	1	\$115,000,000	0	0			
СО	<u> </u>	ļ								
СТ				 						
DC				<u> </u>						
DE										
FL										
GA					<u> </u>		1			
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IL	<u> </u>				<u></u>		<del> </del>			
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MS										
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NC		<u> </u>					1			

## **APPENDIX**

OSPRAIE REAL RETURN ENHANCED L.P.

	2			REAL REIT	JRN ENHAN	CED L.P.			
1	Intend to non-acc investo Sta (Part B-	o sell to redited ors in	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of ir	vestor and amou (Part C-Ite	int purchased in	State	Not App Disquali under Sta (if yes, explana waiver g (Part E-	olicable fication te ULOE attach attion of granted)
State	Yes	No_	Limited Partnership Interests \$300,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
ND									
NE			-						
NH									
NJ									
NM									
NV									
NY									
ОН									
OK								_	
OR									
PA									
PR									
RI									
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TN									
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